FISCAL AGENT FOR THE
COLORADO MEDICAL ASSISTANCE PROGRAM

Medical Assistance Program Provider Services
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ACS
A xerox Company

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Provider Enrollment Application Check List and Instructions

For Hospital Providers

The documents listed below are required and must be submitted with the application

☐	**Completed Electronic Funds Transfer (EFT) Form –** The Legal Name on the EFT form must match exactly the Legal name on file with the IRS. Address on the EFT must match one of the addresses on the application.
☐	**Completed W-9 Form –** The Legal Name on the EFT form must match exactly the Legal name on file with the IRS. Address on the W-9 must match one of the addresses on the application.
☐	**License –** Attach a copy of state license and Department of Public Health and Environment certification. In- state hospitals require a contract with Colorado Department of Health Care Policy and Financing.
☐	**Insurance –** Attach proof of liability/fidelity insurance.
☐	**Medicare Certification –** Attach copy of Medicare Approval/Certification Letter.
☐	**CLIA Certification –** Attach copy of Clinical Laboratory Improvement Amendments Certificate of Accreditation.
☐	**Completed Provider Disclosures Page (Section 19 of the Application) –** Entering N/A is not an acceptable response. This section must be completed in its entirety. Please list those who have an ownership interest equal to, or more than five percent, or list the officers, directors, and partners of the disclosing entity and their relationship to each other.